HERITAGE MANOR

19 WEST NEWTON, P.O. BOX 311

54868 Ownership: Corporation RICE LAKE Phone: (715) 234-2161 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/02): 97 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis	્ર	Age Groups	9	•	36.7 32.2	
Supp. Home Care-Household Services	No	Developmental Disabilities	1.1	Under 65	5.6	More Than 4 Years	31.1	
Day Services	No	Mental Illness (Org./Psy)	30.0	65 - 74	11.1	1		
Respite Care	No	Mental Illness (Other)	10.0	75 - 84	23.3	1	100.0	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	53.3	********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.7	Full-Time Equivalent		
Congregate Meals No		Cancer	3.3	1		Nursing Staff per 100 Re	esidents	
Home Delivered Meals	No	Fractures	4.4	1	100.0	(12/31/02)		
Other Meals	No	Cardiovascular	5.6	65 & Over	94.4			
Transportation	No	Cerebrovascular	11.1			RNs	11.7	
Referral Service	No	Diabetes	6.7	Sex	8	LPNs	7.7	
Other Services	No	Respiratory	4.4			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	23.3	Male	24.4	Aides, & Orderlies	48.8	
Mentally Ill	No			Female	75.6	1		
Provide Day Programming for			100.0			1		
Developmentally Disabled	No				100.0	1		

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	247	53	80.3	95	0	0.0	0	21	100.0	110	0	0.0	0	0	0.0	0	77	85.6
Intermediate				13	19.7	78	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	13	14.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		66	100.0		0	0.0		21	100.0		0	0.0		0	0.0		90	100.0

HERITAGE MANOR

*******	*****	******	*****	*****	*****	******	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	, and Activities as of $12/3$	31/02
Deaths During Reporting Period							
				9	% Needing		Total
Percent Admissions from:		Activities of	용	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	4.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent I	Residents
Private Home/With Home Health	3.5	Bathing	0.0		88.9	11.1	90
Other Nursing Homes	2.8	Dressing	15.6		78.9	5.6	90
Acute Care Hospitals	86.1	Transferring	31.1		58.9	10.0	90
Psych. HospMR/DD Facilities	1.4	Toilet Use	22.2		68.9	8.9	90
Rehabilitation Hospitals	0.0						90
Other Locations	1.4	******	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	144	Continence		용	Special Treat	tments	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	5.6	Receiving F	Respiratory Care	4.4
Private Home/No Home Health	6.2	Occ/Freq. Incontinen	t of Bladder	64.4	Receiving 7	Tracheostomy Care	1.1
Private Home/With Home Health	15.1	Occ/Freq. Incontinen	t of Bowel	32.2	Receiving S	Suctioning	0.0
Other Nursing Homes	6.2				Receiving (Ostomy Care	0.0
Acute Care Hospitals	38.4	Mobility			Receiving 7	Tube Feeding	0.0
Psych. HospMR/DD Facilities	1.4	Physically Restraine	d	3.3	Receiving N	Mechanically Altered Diets	20.0
Rehabilitation Hospitals	0.0						
Other Locations	3.4	Skin Care			Other Resider	nt Characteristics	
Deaths	29.5	With Pressure Sores		2.2	Have Advanc	ce Directives	87.8
Total Number of Discharges		With Rashes		1.1	Medications		
(Including Deaths)	146				Receiving E	Psychoactive Drugs	62.2

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Proprietary Facility Peer Group		50	-99	Ski	lled	Al	1		
	Facility			Peer	Group	Peer Group		Facilities			
	%	90	Ratio	90	Ratio	용	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	90.7	85.1	1.07	88.5	1.02	86.7	1.05	85.1	1.07		
Current Residents from In-County	82.2	75.4	1.09	72.5	1.13	69.3	1.19	76.6	1.07		
Admissions from In-County, Still Residing	18.8	20.1	0.93	19.5	0.96	22.5	0.84	20.3	0.92		
Admissions/Average Daily Census	163.6	138.3	1.18	125.4	1.31	102.9	1.59	133.4	1.23		
Discharges/Average Daily Census	165.9	139.7	1.19	127.2	1.30	105.2	1.58	135.3	1.23		
Discharges To Private Residence/Average Daily Census	35.2	57.6	0.61	50.7	0.69	40.9	0.86	56.6	0.62		
Residents Receiving Skilled Care	85.6	94.3	0.91	92.9	0.92	91.6	0.93	86.3	0.99		
Residents Aged 65 and Older	94.4	95.0	0.99	94.8	1.00	93.6	1.01	87.7	1.08		
Title 19 (Medicaid) Funded Residents	73.3	64.9	1.13	66.8	1.10	69.0	1.06	67.5	1.09		
Private Pay Funded Residents	23.3	20.4	1.14	22.7	1.03	21.2	1.10	21.0	1.11		
Developmentally Disabled Residents	1.1	0.8	1.40	0.6	1.79	0.6	1.96	7.1	0.16		
Mentally Ill Residents	40.0	30.3	1.32	36.5	1.10	37.8	1.06	33.3	1.20		
General Medical Service Residents	23.3	23.6	0.99	21.6	1.08	22.3	1.05	20.5	1.14		
Impaired ADL (Mean)	41.8	48.6	0.86	48.0	0.87	47.5	0.88	49.3	0.85		
Psychological Problems	62.2	55.2	1.13	59.4	1.05	56.9	1.09	54.0	1.15		
Nursing Care Required (Mean)	3.6	6.6	0.54	6.3	0.58	6.8	0.53	7.2	0.50		